

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-020844

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 226 Primary Registration District No. 4337 Registrar's No. 11

FILED MAY 27 1963

VS 300 Rev. 4/59	DATE AMENDED
1 <u>0690</u>	
2 <u>0690</u>	
3	
4 <u>1</u>	
5 <u>2</u>	
6	
7 <u>0</u>	
8 <u>0</u>	
<u>9443X</u>	
10	
11	
12 <u>90-2</u>	
13 <u>3-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

USE BLACK INK
OR
TYPEWRITER RIBBON

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Madison, Mo.</u>		c. CITY OR TOWN <u>Madison</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>301 N. West St.</u>		d. STREET ADDRESS (If outside, give location) <u>204 W. Cooper St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Laura</u> Middle <u>None</u> Last <u>Forsyth</u>		4. DATE OF DEATH Month <u>May</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-29-1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (last birthday) <u>89</u>
11a. FATHER'S NAME <u>Elkanah Farrell</u>		11b. MOTHER'S MAIDEN NAME <u>Becky Smith</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Jim King</u>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Atherosclerosis - Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>years</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:20</u> a.m. <u>P.M.</u> Month, Day, Year <u>May 5-1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Madison, Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>Madison, Mo.</u>		
21. I attended the deceased from <u>May 5-1963</u> to <u>May 17-1963</u> and last saw her alive on <u>May 17-1963</u> Death occurred at <u>9:20 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>C. J. Stauber</u> (Degree or title) <u>D.O.</u>	
22b. ADDRESS <u>P.O. Box 97 Madison Mo</u>		22c. DATE SIGNED <u>5-18-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-20-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	23d. LOCATION (City, town, or county) <u>Holliday, Mo.</u>
24. FUNERAL DIRECTOR <u>Thompson-Mackler</u>		25. DATE RECD. BY LOCAL REG. <u>May 20-1963</u>	
ADDRESS <u>Madison, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

JUN 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Madison, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.